

Wisconsin Department of Regulation & Licensing

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BUREAU OF DIRECT LICENSING & REAL ESTATE

REQUEST FOR APPROVAL TO PRESENT PRE-LICENSE PROGRAMS OR COURSES AS DISTANCE EDUCATION

PLEASE TYPE OR PRINT IN INK.

1. NAME OF SCHOOL	2. NAME OF EDUCATIONAL ADMINISTRATOR
3. ADDRESS (number, street, city, state, zip code)	4. DAYTIME TELEPHONE NUMBER ()

5. Please place a check mark to the left of those programs or courses you wish to present as distance education. Check the box or boxes to the right of each such program or course and indicate the one or more distance education medium(s) you will use for these courses.

"Distance education" means the provision of educational programs or courses without an instructor or representative of an approved school physically present with the students. "Distance education" includes, but is not limited to, the delivery of educational programs and courses on CD-ROM, computer disk, or the Internet.

"Classroom education" means the provision of students in a setting in which either an instructor is physically present with the students or a representative of an approved school is physically present with the students for the purpose of taking attendance and providing instruction by audiotape, cable television, satellite or other similar method and the instructor is available for student questions by telephone or E-mail, or by a continuous 2-way audio or audiovisual connection.

	CD-Rom	Internet	Videotape	Other (describe)
<input type="checkbox"/> Broker's Pre-License Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Salesperson's Pre-License Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Broker's Course For Out-of-State Licensees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Salesperson's Course For Out-of-State Licensees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Course 1 Contract and Form Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Course 2 Environmental and Disclosure Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Course 3 New Developments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Course 4A Formation of Offers of Cooperation & Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Course 4B Supervising Broker Elective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Course 4C Commercial Elective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Course 4D Property Management Elective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Course 4E Rural/Farm/Vacant Land Elective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

6. Please confirm your understanding of the following paragraph by checking the box in front of it.

☐ I understand that I may only use this form by itself (without it being attached to another application form) to request approval to present programs and courses as distance education. I understand that, if I want to offer by distance learning any programs or courses which have not been previously approved by the department, I must submit this distance learning application form **and** the appropriate application form which is designed for initial approval of pre-license programs and courses and/or the application form which is designed for initial approval of continuing education courses.

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7. On separate pages please describe **how your school will carry out each of the following procedures** for all the distance education courses checked above. If these procedures will globally apply to all of the courses, one set of answers will suffice. However, if the procedures differ for certain courses, a separate set of answers will be needed for describing the differences and clearly identifying the courses affected by each set of procedures.
- a. Ensure that instructors approved by the department are available to the students at reasonable times and by reasonable means.
 - b. Provide a reasonable level of examination security for the examination given at the end of each distance education continuing education course.
 - c. Sufficiently cover the subjects required and/or specified for the courses.
 - d. Provide reasonable oversight to ensure that the students who take the distance learning program or course are the enrolled students.
 - e. Provide a reasonable opportunity for student self-evaluation of mastery.
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I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

Name and Title of Educational Administrator

Date

Signature of Educational Administrator
